

2022 TAX RETURN

CLIENT COPY

Client: 0830-SC

Prepared for: 6 TO 9 DENTAL PLLC
651 N BUSINESS IH 35 STE 730
NEW BRAUNFELS, TX 78130
(650) 796-1341

Prepared by: CODY R. CALDWELL, CPA
MOSS, LUSE & WOMBLE, LLC
5160 TENNYSON PWKY STE 2000W
PLANO, TX 75024
(972) 674-2584

Date: APRIL 21, 2023

Comments:

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Route to: _____

MOSS, LUSE & WOMBLE, LLC

5160 TENNYSON PWKY STE 2000W

PLANO, TX 75024

(972) 674-2584

Client 0830-SC

April 21, 2023

6 TO 9 DENTAL PLLC

651 N BUSINESS IH 35 STE 730

NEW BRAUNFELS, TX 78130

(650) 796-1341

FEDERAL FORMS

Form 1120S

Schedule K-1

Form 7004

Form 7203

Form 8879-CORP

2022 U.S. S Corporation Income Tax Return

Shareholder's Income, Deductions, Credits, etc

Automatic Extension of Time to File

S Corporation Shareholder Basis Limitation

E-file Authorization for Corporations

Depreciation Schedules

TEXAS FORMS

Form 05-163

Form 05-102

Texas Franchise Tax Report

Texas Public Information Report

FEE SUMMARY

Preparation Fee

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2022**FEDERAL INCOME TAX SUMMARY****PAGE 1****6 TO 9 DENTAL PLLC****47-4069164**

	2022	2021	DIFF
ORDINARY INCOME			
GROSS RECEIPTS LESS RETURNS/ALLOWANCE....	277,297	306,104	-28,807
GROSS PROFIT.....	277,297	306,104	-28,807
OTHER INCOME.....	0	26	-26
TOTAL INCOME (LOSS).....	277,297	306,130	-28,833
ORDINARY DEDUCTIONS			
REPAIRS AND MAINTENANCE.....	5,806	1,515	4,291
RENTS.....	82,095	85,025	-2,930
TAXES AND LICENSES.....	1,624	2,141	-517
INTEREST.....	38,485	48,000	-9,515
DEPRECIATION.....	46,333	67,246	-20,913
ADVERTISING.....	375	69	306
OTHER DEDUCTIONS.....	46,647	103,448	-56,801
TOTAL DEDUCTIONS.....	221,365	307,444	-86,079
ORDINARY BUSINESS INCOME (LOSS).....	55,932	-1,314	57,246
REFUND OR AMOUNT DUE			
BALANCE DUE.....	0	0	0
SCHEDULE K - INCOME			
ORDINARY BUSINESS INCOME (LOSS).....	55,932	-1,314	57,246
SCHEDULE K - ITEMS AFFECTING BASIS			
NONDEDUCTIBLE EXPENSES.....	1,982	1,870	112
SCHEDULE K - OTHER INFORMATION			
INCOME (LOSS) RECONCILIATION.....	55,932	-1,314	57,246
SCHEDULE L - BALANCE SHEET			
BEGINNING ASSETS.....	855,554	906,636	-51,082
BEGINNING LIABILITIES & EQUITY.....	855,554	906,636	-51,082
ENDING ASSETS.....	740,816	855,554	-114,738
ENDING LIABILITIES & EQUITY.....	740,816	855,554	-114,738

2022**FEDERAL BALANCE SHEET SUMMARY****PAGE 1****6 TO 9 DENTAL PLLC****47-4069164****ENDING ASSETS**

CASH.....		812
OTHER CURRENT ASSETS.....		507,350
BUILDINGS AND OTHER ASSETS.....	386,376	
LESS: ACCUMULATED DEPRECIATION.....	(153,722)	232,654
TOTAL ASSETS.....		740,816

ENDING LIABILITIES & EQUITY

LONG-TERM NOTES PAYABLE.....		685,465
RETAINED EARNINGS.....		55,351
TOTAL LIABILITIES AND EQUITY.....		740,816

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2022**TEXAS INCOME TAX SUMMARY****PAGE 1****6 TO 9 DENTAL PLLC****47-4069164**

	2022	2021	DIFF
REVENUE			
TOTAL REVENUE.....	277,297	306,130	-28,833
TAX RATES			
MARGINAL TAX RATE.....	0.0%	0.0%	0.0%
EFFECTIVE TAX RATE.....	0.0%	0.0%	0.0%

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2022

GENERAL INFORMATION

PAGE 1

6 TO 9 DENTAL PLLC

47-4069164

FORMS NEEDED FOR THIS RETURN

FEDERAL: 1120S, SCH K-1, 7004, 7203, 8879-CORP, ELECTIONS
TEXAS: 05-163, 05-102

TAX RATES

TEXAS

0.75%

CARRYOVERS TO 2023

NONE

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Form **7203**

(Rev. December 2022)

Department of the Treasury
Internal Revenue Service**S Corporation Shareholder Stock and
Debt Basis Limitations**

Attach to your tax return.

Go to www.irs.gov/Form7203 for instructions and the latest information.

OMB No. 1545-2302

Attachment
Sequence No. **203**

Name of shareholder

VIRGINIA HUMPHREY

Identifying number

B Employer identification number

A Name of S corporation

6 TO 9 DENTAL PLLC

47-4069164

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:

(1) ☒ Original shareholder (2) ☐ Purchased (3) ☐ Inherited (4) ☐ Gift (5) ☐ Other: _____E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation. ☐**Part I Shareholder Stock Basis**

1	Stock basis at the beginning of the corporation's tax year.	1	1,401.
2	Basis from any capital contributions made or additional stock acquired during the tax year.	2	
3a	Ordinary business income (enter losses in Part III)	3a	55,932.
b	Net rental real estate income (enter losses in Part III)	3b	
c	Other net rental income (enter losses in Part III)	3c	
d	Interest income	3d	
e	Ordinary dividends	3e	
f	Royalties	3f	
g	Net capital gains (enter losses in Part III)	3g	
h	Net section 1231 gain (enter losses in Part III)	3h	
i	Other income (enter losses in Part III)	3i	
j	Excess depletion adjustment	3j	
k	Tax-exempt income	3k	
l	Recapture of business credits	3l	
m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m.	4	55,932.
5	Stock basis before distributions. Add lines 1, 2, and 4.	5	57,333.
6	Distributions (excluding dividend distributions). Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.	6	
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15.	7	57,333.
8a	Nondeductible expenses	8a	1,982.
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c.	9	1,982.
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15.	10	55,351.
11	Allowable loss and deduction items. Enter the amount from line 47, column (c).	11	
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13.	14	0.
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-.	15	55,351.

Part II Shareholder Debt Basis**Section A — Amount of Debt** (If more than three debts, see instructions.)

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	
16 Loan balance at the beginning of the corporation's tax year.				0.
17 Additional loans (see instructions).				
18 Loan balance before repayment. Add lines 16 and 17.				0.
19 Principal portion of debt repayment (this line doesn't include interest)				
20 Loan balance at the end of the corporation's tax year. Subtract line 19 from line 18.				0.

Part II Shareholder Debt Basis (continued) VIRGINIA HUMPHREY**Section B – Adjustments to Debt Basis**

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21 Debt basis at the beginning of the corporation's tax year.				0.
22 Enter the amount, if any, from line 17.				
23 Debt basis restoration (see instructions) ...				
24 Debt basis before repayment. Add lines 21, 22, and 23.				0.
25 Divide line 24 by line 18.				
26 Nontaxable debt repayment. Multiply line 25 by line 19.				
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24. ...				0.
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis.				
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-				0.
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d) . .				
31 Debt basis at the end of the corporation's tax year. Subtract line 30 from line 29. If the result is zero or less, enter -0-				0.

Section C – Gain on Loan Repayment

32 Repayment. Enter the amount from line 19.				
33 Nontaxable repayments. Enter the amount from line 26.				
34 Reportable gain. Subtract line 33 from line 32.				

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss.					
36 Net rental real estate loss.					
37 Other net rental loss.					
38 Net capital loss.					
39 Net section 1231 loss.					
40 Other loss.					
41 Section 179 deductions.					
42 Charitable contributions.					
43 Investment interest expense.					
44 Section 59(e)(2) expenditures.					
45 Other deductions.					
46 Foreign taxes paid or accrued.					
47 Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30.	0.	0.	0.	0.	0.

Form **8879-CORP**

(December 2022)

Department of the Treasury
Internal Revenue Service**E-file Authorization for Corporations**For calendar year 20 22, or tax year beginning _____, 20____, ending _____, 20____

Use for efile authorizations for Form 1120, 1120-F or 1120S.

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879CORP for the latest information.

OMB No. 1545-0123

Name of corporation

6 TO 9 DENTAL PLLC

Employer identification number

47-4069164

Part I Information (Whole dollars only)

1	Total income (Form 1120, line 11)	1	
2	Total income (Form 1120-F, Section II, line 11)	2	
3	Total income (loss) (Form 1120-S, line 6)	3	277,297.

Part II Declaration and Signature Authorization of Officer. Be sure to get a copy of the corporation's return.

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's electronic income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize MOSS, LUSE & WOMBLE, LLC to enter my PIN as my signature
ERO firm name do not enter all zeros
on the corporation's electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's electronically filed income tax return.

Officer's signature _____

Date 4/17/2023Title MEMBER**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS *e-file* Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature CODY R. CALDWELL, CPADate 4/17/2023

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

CPCA9401L 01/04/23

Form **8879-CORP** (12-2022)

Form **7004**

(Rev. December 2018)

Department of the Treasury
Internal Revenue Service**Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns**

► File a separate application for each return.

► Go to www.irs.gov/Form7004 for instructions and the latest information.

OMB No. 1545-0233

**Print
or
Type**

Name

6 TO 9 DENTAL PLLC

Number, street, and room or suite no. (If P.O. box, see instructions.)

651 N BUSINESS IH 35 STE 730

City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).)

NEW BRAUNFELS, TX 78130

Identifying number

47-4069164

Note: File request for extension by the due date of the return. See instructions before completing this form.**Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns.** See instructions.

1 Enter the form code for the return listed below that this application is for. 25

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-REIT	23
Form 1041 (trust)	05	Form 1120-RIC	24
Form 1041-N	06	Form 1120S	25
Form 1041-QFT	07	Form 1120-SF	26
Form 1042	08	Form 3520-A	27
Form 1065	09	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18	Form 8928	36
Form 1120-ND	19		

Part II All Filers Must Complete This Part

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here. ☐
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here. ☐
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here. ☐
- 5 a The application is for calendar year 20 22, or tax year beginning _____, 20 __, and ending _____, 20 __.
- b **Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (See instructions – attach explanation.)

6 Tentative total tax	6	0.
7 Total payments and credits. See instructions.	7	0.
8 Balance due. Subtract line 7 from line 6. See instructions.	8	0.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

CPCZ0701L 08/09/18

Form **7004** (Rev. 12-2018)

Form 1120-S Department of the Treasury Internal Revenue Service	U.S. Income Tax Return for an S Corporation Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation. Go to www.irs.gov/Form1120S for instructions and the latest information.	OMB No. 1545-0123 <div style="font-size: 24pt; font-weight: bold;">2022</div>
For calendar year 2022 or tax year beginning _____, 2022, ending _____,		
A S election effective date <div style="border: 1px solid black; padding: 2px;">1/01/2020</div>	TYPE OR PRINT 6 TO 9 DENTAL PLLC 651 N BUSINESS IH 35 STE 730 NEW BRAUNFELS, TX 78130	D Employer identification number <div style="border: 1px solid black; padding: 2px;">47-4069164</div> E Date incorporated <div style="border: 1px solid black; padding: 2px;">5/20/2015</div> F Total assets (see instructions) \$ <div style="border: 1px solid black; padding: 2px;">740,816.</div>
B Business activity code number (see instructions) <div style="border: 1px solid black; padding: 2px;">621210</div>		
C Check if Schedule M-3 attached <input type="checkbox"/>		
G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
H Check if: (1) <input type="checkbox"/> Final return (2) <input type="checkbox"/> Name change (3) <input type="checkbox"/> Address change (4) <input type="checkbox"/> Amended return (5) <input type="checkbox"/> S election termination		
I Enter the number of shareholders who were shareholders during any part of the tax year: _____ <u>1</u>		
J Check if corporation: (1) <input type="checkbox"/> Aggregated activities for section 465 at-risk purposes (2) <input type="checkbox"/> Grouped activities for section 469 passive activity purposes		
Caution: Include <u>only</u> trade or business income and expenses on lines 1a through 21. See the instructions for more information.		
INCOME	1 a Gross receipts or sales. <div style="border: 1px solid black; padding: 2px;">279,824.</div> 1 b Returns and allowances. <div style="border: 1px solid black; padding: 2px;">2,527.</div> 1 c Balance. Subtract line 1b from line 1a. <div style="border: 1px solid black; padding: 2px;">277,297.</div> 2 Cost of goods sold (attach Form 1125-A). <div style="border: 1px solid black; padding: 2px;"></div> 3 Gross profit. Subtract line 2 from line 1c. <div style="border: 1px solid black; padding: 2px;">277,297.</div> 4 Net gain (loss) from Form 4797, line 17 (attach Form 4797). <div style="border: 1px solid black; padding: 2px;"></div> 5 Other income (loss) (see instrs — att statement). <div style="border: 1px solid black; padding: 2px;"></div> 6 Total income (loss). Add lines 3 through 5. <div style="border: 1px solid black; padding: 2px;">277,297.</div>	
DEDUCTIONS	7 Compensation of officers (see instructions — attach Form 1125-E). <div style="border: 1px solid black; padding: 2px;"></div> 8 Salaries and wages (less employment credits). <div style="border: 1px solid black; padding: 2px;"></div> 9 Repairs and maintenance. <div style="border: 1px solid black; padding: 2px;">5,806.</div> 10 Bad debts. <div style="border: 1px solid black; padding: 2px;"></div> 11 Rents. <div style="border: 1px solid black; padding: 2px;">82,095.</div> 12 Taxes and licenses. <div style="border: 1px solid black; padding: 2px;">1,624.</div> 13 Interest (see instructions). <div style="border: 1px solid black; padding: 2px;">38,485.</div> 14 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562). <div style="border: 1px solid black; padding: 2px;">46,333.</div> 15 Depletion (Do not deduct oil and gas depletion.) <div style="border: 1px solid black; padding: 2px;"></div> 16 Advertising. <div style="border: 1px solid black; padding: 2px;">375.</div> 17 Pension, profit-sharing, etc., plans. <div style="border: 1px solid black; padding: 2px;"></div> 18 Employee benefit programs. <div style="border: 1px solid black; padding: 2px;"></div> 19 Other deductions (attach statement). <div style="border: 1px solid black; padding: 2px;">SEE STATEMENT 1</div> 20 Total deductions. Add lines 7 through 19. <div style="border: 1px solid black; padding: 2px;">221,365.</div> 21 Ordinary business income (loss). Subtract line 20 from line 6. <div style="border: 1px solid black; padding: 2px;">55,932.</div>	
TAX AND PAYMENTS	22 a Excess net passive income or LIFO recapture tax (see instructions). <div style="border: 1px solid black; padding: 2px;"></div> 22 b Tax from Schedule D (Form 1120-S). <div style="border: 1px solid black; padding: 2px;"></div> 22 c Add lines 22a and 22b (see instructions for additional taxes). <div style="border: 1px solid black; padding: 2px;"></div> 23 a 2022 estimated tax payments and 2021 overpayment credited to 2022. <div style="border: 1px solid black; padding: 2px;"></div> 23 b Tax deposited with Form 7004. <div style="border: 1px solid black; padding: 2px;"></div> 23 c Credit for federal tax paid on fuels (attach Form 4136). <div style="border: 1px solid black; padding: 2px;"></div> 23 d Add lines 23a through 23c. <div style="border: 1px solid black; padding: 2px;"></div> 24 Estimated tax penalty (see instructions). Check if Form 2220 is attached. <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px;"></div> 25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed. <div style="border: 1px solid black; padding: 2px;">0.</div> 26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid. <div style="border: 1px solid black; padding: 2px;"></div> 27 Enter amount from line 26: Credited to 2023 estimated tax <div style="border: 1px solid black; padding: 2px;"></div> Refunded <div style="border: 1px solid black; padding: 2px;"></div>	
Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Signature of officer _____ Date _____		MEMBER Title _____
May the IRS discuss this return with the preparer shown below? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Paid Preparer Use Only	Print/Type preparer's name CODY R. CALDWELL, CPA Firm's name MOSS, LUSE & WOMBLE, LLC Firm's address 5160 TENNYSON PWKY STE 2000W PLANO, TX 75024	Preparer's signature CODY R. CALDWELL, CPA Date _____ Check <input type="checkbox"/> if self-employed PTIN _____ Firm's EIN _____ Phone no. (972) 674-2584

Form 1120-S (2022) 6 TO 9 DENTAL PLLC

47-4069164

Page 2

Schedule B Other Information (see instructions)					Yes	No
1 Check accounting method: a <input type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input checked="" type="checkbox"/> Other (specify) <u>MODIFIED CASH</u>						
2 See the instructions and enter the: a Business activity <u>DENTISTRY</u> b Product or service <u>DENTAL SERVICES</u>						
3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation						X
4 At the end of the tax year, did the corporation: a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below.						X
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if applicable) a Qualified Subchapter S Subsidiary Election Was Made		
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below.						X
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum % Owned in Profit, Loss, or Capital		
5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below.						X
(i) Total shares of restricted stock						
(ii) Total shares of non-restricted stock						
b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below.						X
(i) Total shares of stock outstanding at the end of the tax year						
(ii) Total shares of stock outstanding if all instruments were executed						
6 Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?						X
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments. <input type="checkbox"/>						
8 If the corporation (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions \$ _____						
9 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions						X
10 Does the corporation satisfy one or more of the following? See instructions						X
a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.						
b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$27 million and the corporation has business interest expense.						
c The corporation is a tax shelter and the corporation has business interest expense. If "Yes," complete and attach Form 8990, Limitation on Business Interest Expense Under Section 163(j).						
11 Does the corporation satisfy both of the following conditions?						X
a The corporation's total receipts (see instructions) for the tax year were less than \$250,000.						
b The corporation's total assets at the end of the tax year were less than \$250,000. If "Yes," the corporation is not required to complete Schedules L and M-1.						

Form 1120-S (2022) 6 TO 9 DENTAL PLLC

47-4069164

Page 3

Schedule B Other Information (see instructions) (continued)		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction. \$ _____		X
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions.		X
14a	Did the corporation make any payments in 2022 that would require it to file Form(s) 1099?	X	
b	If "Yes," did or will the corporation file required Form(s) 1099?	X	
15	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 15. \$ _____		X

Schedule K Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	55,932.
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss) 3a		
	b Expenses from other rental activities (attach statement) 3b		
	c Other net rental income (loss). Subtract line 3b from line 3a 3c		
	4 Interest income 4		
	5 Dividends: a Ordinary dividends 5a		
	b Qualified dividends 5b		
	6 Royalties 6		
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S)) 7		
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S)) 8a		
	b Collectibles (28%) gain (loss) 8b		
	c Unrecaptured section 1250 gain (attach statement) 8c		
	9 Net section 1231 gain (loss) (attach Form 4797) 9		
	10 Other income (loss) (see instructions). Type: 10		
Credits	11 Section 179 deduction (attach Form 4562) 11		
	12a Charitable contributions 12a		
	b Investment interest expense 12b		
	c Section 59(e)(2) expenditures Type: 12c		
	d Other deductions (see instructions) Type: 12d		
Alternative Minimum Tax (AMT) Items	13a Low-income housing credit (section 42(j)(5)) 13a		
	b Low-income housing credit (other) 13b		
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) 13c		
	d Other rental real estate credits (see instrs) Type: 13d		
	e Other rental credits (see instructions) Type: 13e		
	f Biofuel producer credit (attach Form 6478) 13f		
	g Other credits (see instructions) Type: 13g		
International	14 Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and check this box to indicate you are reporting items of international tax relevance <input type="checkbox"/> SEE STATEMENT 2		
Items Affecting Shareholder Basis	15a Post-1986 depreciation adjustment 15a		
	b Adjusted gain or loss 15b		
	c Depletion (other than oil and gas) 15c		
	d Oil, gas, and geothermal properties — gross income 15d		
	e Oil, gas, and geothermal properties — deductions 15e		
	f Other AMT items (attach statement) 15f		
Items Affecting Shareholder Basis	16a Tax-exempt interest income 16a		
	b Other tax-exempt income 16b		
	c Nondeductible expenses 16c		1,982.
	d Distributions (attach stmt if required) (see instrs) 16d		
	e Repayment of loans from shareholders 16e		
	f Foreign taxes paid or accrued 16f		

BAA

SPSA0134 09/14/22

Form 1120-S (2022)

Form 1120-S (2022) 6 TO 9 DENTAL PLLC

47-4069164

Page 4

Schedule K		Shareholders' Pro Rata Share Items (continued)	Total amount	
Other Information	17 a	Investment income	17 a	
	b	Investment expenses	17 b	
	c	Dividend distributions paid from accumulated earnings and profits	17 c	
	d	Other items and amounts (attach statement) SEE STATEMENT 3		
Reconciliation	18	Income (loss) reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 16f	18	55,932.

Schedule L		Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)		
1	Cash		8,765.		812.		
2 a	Trade notes and accounts receivable						
b	Less allowance for bad debts	()	()	()			
3	Inventories						
4	U.S. government obligations						
5	Tax-exempt securities (see instructions)						
6	Other current assets (attach stmt) SEE ST 4		567,802.		507,350.		
7	Loans to shareholders						
8	Mortgage and real estate loans						
9	Other investments (attach statement)						
10 a	Buildings and other depreciable assets	386,376.		386,376.			
b	Less accumulated depreciation	(107,389.)	278,987.	(153,722.)	232,654.		
11 a	Depletable assets						
b	Less accumulated depletion	()	()	()			
12	Land (net of any amortization)						
13 a	Intangible assets (amortizable only)						
b	Less accumulated amortization	()	()	()			
14	Other assets (attach stmt)						
15	Total assets		855,554.		740,816.		
Liabilities and Shareholders' Equity							
16	Accounts payable						
17	Mortgages, notes, bonds payable in less than 1 year						
18	Other current liabilities (attach stmt)						
19	Loans from shareholders						
20	Mortgages, notes, bonds payable in 1 year or more		854,153.		685,465.		
21	Other liabilities (attach statement)						
22	Capital stock						
23	Additional paid-in capital						
24	Retained earnings		1,401.		55,351.		
25	Adjustments to shareholders' equity (att stmt)						
26	Less cost of treasury stock	()	()	()	()		
27	Total liabilities and shareholders' equity		855,554.		740,816.		

SPSA0134 09/14/22

Form 1120-S (2022)

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return**Note:** The corporation may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books.	53,950.	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		a Tax-exempt interest. . \$	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 16f (itemize):		6 Deductions included on Schedule K, lines 1 through 12, and 16f, not charged against book income this year (itemize):	
a Depreciation. \$		a Depreciation . . . \$	
b Travel and entertainment \$		7 Add lines 5 and 6.	0.
SEE STATEMENT 5 1,982.	1,982.	8 Income (loss) (Schedule K, line 18). Subtract line 7 from line 4.	55,932.
4 Add lines 1 through 3.	55,932.		

Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account
(see instructions)

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1 Balance at beginning of tax year.	-599.			2,000.
2 Ordinary income from page 1, line 21.	55,932.			
3 Other additions.				
4 Loss from page 1, line 21.	()			
5 Other reductions. . . SEE STATEMENT 6	(1,982.)			()
6 Combine lines 1 through 5.	53,351.			2,000.
7 Distributions.				
8 Balance at end of tax year. Subtract line 7 from line 6.	53,351.			2,000.

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Schedule K-1
(Form 1120-S)

Department of the Treasury
Internal Revenue Service

For calendar year 2022, or tax year

beginning	/	/	ending	/	/
-----------	---	---	--------	---	---

Shareholder's Share of Income, Deductions, Credits, etc. See separate instructions.

See separate instructions.

Part I	Information About the Corporation
---------------	--

A Corporation's employer identification number
47-4069164

B Corporation's name, address, city, state, and ZIP code
6 TO 9 DENTAL PLLC
651 N BUSINESS IH 35 STE 730
NEW BRAUNFELS, TX 78130

C IRS Center where corporation filed return
E-FILE

D Corporation's total number of shares	
Beginning of tax year	<u>1,000</u>
End of tax year	1,000

Part II Information About the Shareholder

E Shareholder's identifying number

F Shareholder's name, address, city, state, and ZIP code
VIRGINIA HUMPHREY
13701 TRAILSIDE LANE
LIVE OAK, TX 78233

G	Current year allocation percentage	100 %
----------	--	-------

H Shareholder's number of shares	
Beginning of tax year	<u>1,000</u>
End of tax year	1,000

I Loans from shareholder	
Beginning of tax year	\$ _____
End of tax year	\$ _____

FOR IRS USE ONLY

Final K-1

Amended K-1

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) 55,932.	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5 a	Ordinary dividends		
5 b	Qualified dividends	14	Schedule K-3 is attached if checked <input type="checkbox"/>
6	Royalties	15	Alternative minimum tax (AMT) items
7	Net short-term capital gain (loss)		
8 a	Net long-term capital gain (loss)		
8 b	Collectibles (28%) gain (loss)		
8 c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)	16	Items affecting shareholder basis
10	Other income (loss)	C	1,982.
		17	Other information
11	Section 179 deduction	AC	277,297.
12	Other deductions	V*	STMT
18	<input type="checkbox"/> More than one activity for at-risk purposes*		
19	<input type="checkbox"/> More than one activity for passive activity purposes*		

*See attached statement for additional information.

6 TO 9 DENTAL PLLC 47-4069164

SCHEDULE K-1 (FORM 1120S) 2022

SUPPLEMENTAL INFORMATION

PAGE 2

SUPPLEMENTAL INFORMATION

THIS SHAREHOLDER WILL NOT RECEIVE SCHEDULE K-3 FROM THE S CORPORATION UNLESS THE SHAREHOLDER REQUESTS THE SCHEDULE.

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SHAREHOLDER 1 : VIRGINIA HUMPHREY

Statement A—QBI Pass-through Entity Reporting (Schedule K-1, Box 17, Code V)

S corporation's name: 6 TO 9 DENTAL PLLC		S corporation's EIN: 47-4069164	
Shareholder's name: VIRGINIA HUMPHREY		Shareholder's identifying number: [REDACTED]	

	6 TO 9 DENTAL PLLC		
Shareholder's share of:	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP
	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated
	<input checked="" type="checkbox"/> SSTB	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB

QBI or qualified PTP items subject to shareholder-specific determinations:			
	Ordinary business income (loss)	55,932.	
	Rental income (loss)		
	Royalty income (loss)		
	Section 1231 gain (loss)		
	Other income (loss)		
	Section 179 deduction		
	Other deductions		
W-2 wages			
UBIA of qualified property		386,376.	
Section 199A dividends			

Shareholder's share of:	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP
	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated
	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB

QBI or qualified PTP items subject to shareholder-specific determinations:			
	Ordinary business income (loss)		
	Rental income (loss)		
	Royalty income (loss)		
	Section 1231 gain (loss)		
	Other income (loss)		
	Section 179 deduction		
	Other deductions		
W-2 wages			
UBIA of qualified property			

2022**FEDERAL STATEMENTS****PAGE 1****6 TO 9 DENTAL PLLC****47-4069164****STATEMENT 1
FORM 1120S, LINE 19
OTHER DEDUCTIONS**

COMPUTER AND INTERNET EXPENSE.....	\$	2,554.
CONTINUING EDUCATION.....		75.
CONTRACT LABOR.....		767.
CREDIT CARD AND BANK FEES.....		3,999.
DENTAL SUPPLIES.....		13,201.
LAB FEES.....		11,741.
LAUNDRY AND CLEANING.....		603.
LEGAL AND PROFESSIONAL.....		2,000.
MEALS.....		151.
OFFICE EXPENSE.....		1,727.
OFFICE SUPPLIES.....		1,431.
POSTAGE AND DELIVERY.....		132.
TELECOM.....		2,571.
UTILITIES.....		5,695.
	TOTAL \$	<u>46,647.</u>

**STATEMENT 2
FORM 1120S, SCHEDULE K, LINE 14
EXCEPTION TO FILING SCHEDULE K-2**

THIS S CORPORATION QUALIFIED FOR EXCEPTION TO FILING SCHEDULE K-2.

**STATEMENT 3
FORM 1120S, SCHEDULE K, LINE 17D
OTHER ITEMS AND AMOUNTS**

GROSS RECEIPTS FOR SECTION 448 (C).....	\$	277,297.
---	----	----------

**STATEMENT 4
FORM 1120S, SCHEDULE L, LINE 6
OTHER CURRENT ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
INTERCOMPANY RECEIVABLES.....	\$ 567,802.	\$ 507,350.
TOTAL	<u>\$ 567,802.</u>	<u>\$ 507,350.</u>

**STATEMENT 5
FORM 1120S, SCHEDULE M-1, LINE 3
EXPENSES ON BOOKS NOT ON SCHEDULE K**

OFFICERS LIFE INSURANCE PREMIUMS.....	\$	1,982.
TOTAL	<u>\$</u>	<u>1,982.</u>

2022**FEDERAL STATEMENTS****PAGE 2**

6 TO 9 DENTAL PLLC

47-4069164

**STATEMENT 6
FORM 1120S, SCHEDULE M-2, COLUMN A, LINE 5
OTHER REDUCTIONS**

OFFICERS LIFE INSURANCE PREMIUMS	\$	1,982.
TOTAL	\$	<u>1,982.</u>

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2022

GENERAL ELECTIONS

PAGE 1

6 TO 9 DENTAL PLLC

47-4069164

ELECTION TO NOT CLAIM ADDITIONAL DEPRECIATION

PURSUANT TO IRC SECTION 168(K) (7), THE CORPORATION HEREBY ELECTS TO NOT CLAIM THE ADDITIONAL DEPRECIATION DEDUCTION FOR THE FOLLOWING CLASSES OF PROPERTY IN THE TAX YEAR ENDED 12/31/22.

ALL ELIGIBLE CLASSES OF PROPERTY

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

THE CORPORATION HEREBY MAKES THE DE MINIMIS SAFE HARBOR ELECTION UNDER REGULATION 1.263(A)-1(F) .

6 TO 9 DENTAL PLLC
651 N BUSINESS IH 35 STE 730
NEW BRAUNFELS, TX 78130
47-4069164

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TX2023 05-163
VER. 14.0 (Rev.8-21/10)

Texas Franchise Tax No Tax Due Report

Tcode 13255 ANNUAL

Taxpayer number

Report year

Due date


5126	2023	05/15/2023
------	------	------------

The law requires No Tax Due Reports originally due on or after Jan. 1, 2016 to be filed electronically. Filing this paper report means you are requesting, and we are granting, a waiver from the electronic reporting requirement for this report year ONLY.

Taxpayer name 6 TO 9 DENTAL PLLC				Secretary of State file number or Comptroller file number 0802219645	
Mailing address 651 N BUSINESS IH 35 STE 730					
City NEW BRAUNFELS	State TX	Country UNITED STATES	ZIP code plus 4 78130	Check box if the address has changed <input type="checkbox"/>	
Check box if this is a combined report <input type="checkbox"/>				NAICS code 621210	
Check box if Total Revenue is adjusted for Tiered Partnership Election, see instructions. (Note: Upper tiered partnerships do not qualify to use this form.) <input type="checkbox"/>				Check box to request a Certificate of Account Status <input type="checkbox"/>	
Is this entity a corporation, limited liability company, professional association, limited partnership or financial institution? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

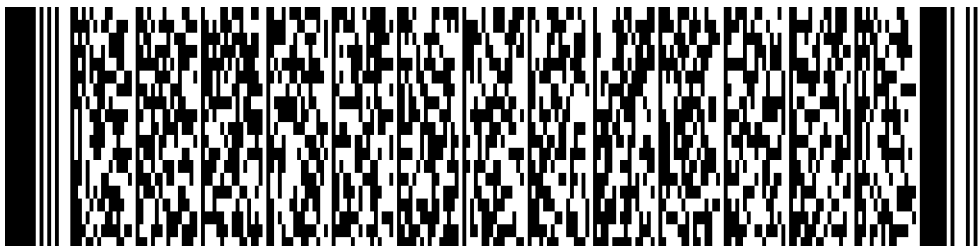
If any of the statements below are true, you qualify to file this No Tax Due Report (Check all boxes that apply.):

- This entity is a passive entity as defined in Texas Tax Code Sec. 171.0003. (See instructions.) (Passive income does NOT include rent.) ☐
 - This entity's annualized total revenue is below the no tax due threshold. ☒
 - This entity has zero Texas Gross Receipts. ☐
 - This entity is a Real Estate Investment Trust (REIT) that meets the qualifications specified in Texas Tax Code Sec. 171.0002(c)(4). ☐
 - This entity is a new veteran-owned business as defined in Texas Tax Code Sec. 171.0005. (Must be pre-qualified, see instructions) ☐
- 6a. Accounting year begin date 6b. Accounting year end date
7. TOTAL REVENUE (Whole dollars only)

Print or type name VIRIGINIA HUMPHREY		Area code and phone number (650) 796-1341	
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief.		Mail original to: Texas Comptroller of Public Accounts P.O. Box 149348 Austin, TX 78714-9348	
sign here 	Date		

Instructions for each report year are online at www.comptroller.texas.gov/taxes/franchise/forms/. If you have any questions, call 1-800-252-1381.

Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>
PM Date	<input type="text"/>



TX2023 05-102
VER. 14.0 (Rev.9-15/33)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

Tcode 13196

Taxpayer number

Report year

You have certain rights under Chapter 552 and 559,
Government Code, to review, request and correct information
we have on file about you. Contact us at 1-800-252-1381.

Taxpayer name 6 TO 9 DENTAL PLLC		Check box if the mailing address has changed. <input type="checkbox"/>	
Mailing address 651 N BUSINESS IH 35 STE 730		Secretary of State (SOS) file number or Comptroller file number	
City NEW BRAUNFELS	State TX	ZIP code plus 4 78130	0802219645

☐ Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office 651 N BUSINESS IH 35 STE 730, NEW BRAUNFELS, TX 78130
Principal place of business 651 N BUSINESS IH 35 STE 730, NEW BRAUNFELS, TX 78130

You must report officer, director, member, general partner and manager information as of the date you complete this report.



Please sign below! This report must be signed to satisfy franchise tax requirements.

2623

SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

Name VIRGINIA HUMPHREY	Title MEMBER	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address 13701 TRAILSIDE LN	City LIVE OAK	State TX	ZIP Code 78223	
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
--	--------------------	-------------------------------	-------------------------

Registered agent and registered office currently on file (see instructions if you need to make changes)
Agent: VIRGINIA P HUMPHREY II
You must make a filing with the Secretary of State to change registered
agent, registered office or general partner information.

Office: 13701 TRAILSIDE LANE	City LIVE OAK	State TX	ZIP Code 78233
---------------------------------	------------------	-------------	-------------------

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional
sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has
been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation,
LLC, LP, PA or financial institution.

sign here	Title MEMBER	Date	Area code and phone number (650) 796-1341
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Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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